

CONFIDENTIAL

DD/A 80-1492/2

11 AUG 1980

MEMORANDUM FOR: Director of Communications
Director of Data Processing
Director of Finance
Director of Information Services
Director of Logistics
Director of Medical Services
Director of Security
Director of Training

25X1 FROM:

Chief, Management Staff, DDA

SUBJECT: New Communications Support Requirements for FY 1983-FY 1987

1. (In the attached memorandum) ^(NOT RECEIVED) the Office of Communications (OC) has requested that, as part of the Agency's program and budget process, the Directorate identify and prioritize its new communications support requirements for the period FY 1983 through FY 1987. As in past years, each requesting office will be responsible for programming (1) new requirements not being provided and (2) significant changes in existing communications support. For those two categories, please provide the following information:

- a. A description of the requirement;
- b. An explanation of the need for the service;
- c. The relative priority among your office requirements; and
- d. A description of the consequences of not getting the service in FY 1983.

We ask that you limit each requirement to a single page, using the attached format. A single Directorate ranking will be forwarded to OC. ☐

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2. OC will attempt to have cost-estimates on new-initiatives back to you in Mid-December 1980. ☐

3. It is also requested that you provide information on those new requirements that are included in your Office of Management and Budget (OMB) approved FY 1982 budget. OC will use this information to program for out-year support. ☐

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WARNING NOTICE
INTELLIGENCE SOURCES
AND METHODS INVOLVED

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4. The above information is due in OC by 1 November 1980. To allow time for consolidation and ranking at the Directorate level, your office submissions should be forwarded to the Management Staff by 10 October. Any questions you have regarding this matter should be directed to [redacted] or myself on [redacted]

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Attachments:
As Stated

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DDA RANK: _____ of _____

OFFICE RANK: _____ of _____

OFFICE:

TITLE:

REQUIREMENT:

JUSTIFICATION:

TIME REQUIREMENT:

IMPACT OF LACK OF SERVICE ON OTHER PROGRAMS:

CONTACT:

NAME:

OFFICE:

TELEPHONE: